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# FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 986.00)

Complete if Known	
Application Number	10/087,716
Filing Date	03/01/2002
First Named Inventor	Matthias Oechsner
Examiner Name	McNeil, Jennifer C.
Art Unit	1775
Attorney Docket No.	01P05135US01

## METHOD OF PAYMENT (check all that apply)

 Check     Credit Card     Money Order

 Deposit Account     None

Deposit Account Number  
19-2179

Deposit Account Name  
Siemens Corporation

The Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below
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- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
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## FEE CALCULATION

## 1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid(\$)
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____

Subtotal (1) \$ \_\_\_\_\_

## FEE CALCULATION (continued)

## 2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	6	x 18.00 =	108.00

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	1	x 88.00 =	88.00

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____	_____	_____

Subtotal (2) \$ 196.00

## 3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid(\$)
1-month extension of time	110	55	_____
2-month extension of time	430	215	_____
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure stmt. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other: RCE 1.17(e)			790.00

Subtotal (3) \$ 790.00

## SUBMITTED BY

Signature	David G. Maire, Esquire	Registration No. 34,865 (Attorney/Agent)	Telephone 407-926-7704
Name (Print/Type)	David G. Maire		Date 11-23-04

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